



LORADO OIL & GAS CONSERVATION COMMISSION NORTHEAST REGION FIELD INSPECTION REPORT



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|---|------------------------------|
| <input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION | 337 Cambridge |
| <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION | Brush, CO 80723 970-842-4465 |

| | | |
|--------------------------|-----------------------|--------------------|
| Date: 9-11-01 | Facility ID: | Operator: McElvain |
| Location: NENE 10-2N-54W | Lease Name: Shelby 1 | |
| API Number: 05-121-07074 | Inspector: ED BINKLEY | Cell: 970-380-2683 |

| | | | | | |
|--|--|--|--|--|---|
| INSP TYPE: <input checked="" type="checkbox"/> IA | INSP STATUS: <input checked="" type="checkbox"/> A | RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/> | PASS/FAIL <input type="checkbox"/> P <input checked="" type="checkbox"/> F | VIOLATION <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | NOV <input type="checkbox"/> Y <input type="checkbox"/> N |
| UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT | | TBG/PKR LK <input type="checkbox"/> | CSG LK <input type="checkbox"/> | ALL UIC VIOLATIONS REQUIRE NOAVS | |

| | | | |
|--|------------------------|---|-----------|
| Well ID Signs (Rule 210) <input checked="" type="checkbox"/> N | Comments: Tank battery | Fences <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Comments: |
|--|------------------------|---|-----------|

| | |
|---|---|
| Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY | Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> |
| SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ |
| | Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ |

| | |
|-----------------------------------|---|
| Tank Battery Equipment (Rule 604) | 2 Tanks, VHT <input type="checkbox"/> |
| | BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER |

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|---|--------------------------|
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | <input type="checkbox"/> |
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|-----------------------------------|--------------------------|
| General Housekeeping (Rule 603.g) | <input type="checkbox"/> |
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| Spills (Oil/Water) (Rule 906) | oily soil on road ROW, around well and tank battery <input type="checkbox"/> |
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| UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT | Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig | COMMENTS |
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| Drilling Well/Workover 1800hr (Rule 317) | Western Well site rigged up to plug well factor stuck in hole with tubing <input type="checkbox"/> |
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| Surface Rehabilitation (Rule 1003, 1004) | grassland <input type="checkbox"/> |
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| Miscellaneous | <input type="checkbox"/> |
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CORRECTIVE ACTION REQUIRED: Remove equipment, clean oily dirt and restore grass. Submit work plan for pit close and water discharge area.

Date Corrective Action Required By: 9-30-01 Date Remedied: _____

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COLORADO OIL & GAS CONSERVATION COMMISSION

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| <input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION <input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION | 337 Cambridge Brush, CO 80723 970-842-4465 |
|---|---|

| | | |
|---------------------------------|---|---------------------------|
| Date: <i>9-13-01</i> | Facility ID: | Operator: <i>McElvain</i> |
| Location: <i>NENE 10-2N-54W</i> | Lease Name: <i>Shreibley</i> | |
| API Number: <i>05-121-07074</i> | Inspector: ED BINKLEY Cell: 970-380-2683 | |

| | | | | | |
|------------------------------|-------------------------------------|--|--|--|--|
| INSP TYPE <i>CA</i> | INSP STATUS <i>PA</i> | PA Y <input type="checkbox"/> N <input type="checkbox"/> | PASS/FAIL P <input checked="" type="radio"/> F <input type="radio"/> | VIOLATION <input checked="" type="radio"/> Y <input type="radio"/> N | NOV Y <input checked="" type="radio"/> N <input type="radio"/> |
| UIC VIOL TYPE UA MI OP PA OT | TBG/PKR LK <input type="checkbox"/> | CSG LK <input type="checkbox"/> | ALL UIC VIOLATIONS REQUIRE NOAVS | | |

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|---|--|
| Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Comments: | Fences Y <input checked="" type="checkbox"/> N <input type="checkbox"/> (Rule 603.b.(7), 1002.a) Comments: |
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|---|--|
| Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____ |
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|--|--|
| Tank Battery Equipment (Rule 604) | <i>SENE battery site need environ mental assessment</i> <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER |
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|--|--------------------------|
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | <input type="checkbox"/> |
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|--|--|
| General Housekeeping (Rule 603.g) | <i>rangeland, oily dirt</i> <input type="checkbox"/> |
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| Spills (Oil/Water) (Rule 906) | <input type="checkbox"/> |
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|--|--|----------|
| UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT | Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig | COMMENTS |
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|--|---|
| Drilling Well/Workover (Rule 317) | <i>Western Well Service</i> <i>out of hwy + padlock #609'</i> <input type="checkbox"/> |
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| Surface Rehabilitation (Rule 1003, 1004) | <i>Set up to pump bottom plug</i> <input type="checkbox"/> |
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| Miscellaneous | <input type="checkbox"/> |
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| CORRECTIVE ACTION REQUIRED: | |
| Date Corrective Action Required By: | Date Remedied: |

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|---|---|

| | | |
|----------------------------------|---|---------------------------|
| Date: <i>9-14-01</i> | Facility ID: | Operator: <i>McElvain</i> |
| Location: <i>NE NE 10-2N-54W</i> | Lease Name: <i>Sheibley 1</i> | |
| API Number: <i>05-121-07074</i> | Inspector: ED BINKLEY Cell: 970-380-2683 | |

| | | | | | |
|--|------------------------|--|--|--|--|
| INSP TYPE: <i>CA</i> | INSP STATUS: <i>PA</i> | RECLAM <input type="checkbox"/> PASS <input type="checkbox"/> INTER <input type="checkbox"/> | PASS/FAIL <input type="checkbox"/> P <input checked="" type="checkbox"/> F | VIOLATION <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | NOV <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| UIC VIOL TYPE: <input type="checkbox"/> UA <input type="checkbox"/> MI <input type="checkbox"/> OP <input type="checkbox"/> PA <input type="checkbox"/> OT | | | TBG/PKR LK <input type="checkbox"/> | CSG LK <input type="checkbox"/> | ALL UIC VIOLATIONS REQUIRE NOVS |

| | |
|--|---|
| Well ID Signs (Rule 210) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <i>@ Battery</i> Comments: | Fences <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <i>@ Battery</i> (Rule 603.b.(7), 1002.a) Comments: |
|--|---|

| | |
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| Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____ |
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| Tank Battery Equipment (Rule 604) | <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER |
|--|--|

| | |
|--|--------------------------|
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | <input type="checkbox"/> |
|--|--------------------------|

| | |
|--|--------------------------|
| General Housekeeping (Rule 603.g) | <input type="checkbox"/> |
|--|--------------------------|

| | |
|--------------------------------------|--------------------------|
| Spills (Oil/Water) (Rule 906) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

| | | |
|---|--|---|
| UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT | Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig | COMMENTS <div style="text-align: right; font-size: small; color: gray;"> RECEIVED OCT 11 01 00GCC </div> |
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|--|------------------------------|--------------------------|
| Drilling Well/Workover (Rule 317) | <i>Western Well Site Rig</i> | <input type="checkbox"/> |
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| Surface Rehabilitation (Rule 1003, 1004) | <i>ADI out off 2 1/8" to 4609' pump 405x Cement plug @ 4609'</i> | <input type="checkbox"/> |
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|----------------------|--|-------------------------------------|
| Miscellaneous | <i>Plug had good returns during displacement pumped part slurry 15.2 gpm</i> | <input checked="" type="checkbox"/> |
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|---|--|
| CORRECTIVE ACTION REQUIRED: <i>Restore surface to grass. Evap- P.T closure permit required</i> | Date Corrective Action Required By: _____ Date Remedied: _____ |
|---|--|

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|---|---|

| | | |
|---------------------------------|--------------|---|
| Date: 9-17-01 | Facility ID: | Operator: Mc Elvain |
| Location: NENE 10-2N-54W | | Lease Name: Sheibley |
| API Number: 05-121-07074 | | Inspector: ED BINKLEY Cell: 970-380-2683 |

| | | | | | | | |
|------------------------------|-----------------------|----|---|---|-------------------------------------|---------------------------------|----------------------------------|
| INSP TYPE CA | INSP STATUS PA | PA | Y | N | PASS/FAIL P F | VIOLATION Y N | NOV Y N |
| UIC VIOL TYPE UA MI OP PA OT | | | | | TBG/PKR LK <input type="checkbox"/> | CSG LK <input type="checkbox"/> | ALL UIC VIOLATIONS REQUIRE NOAVS |

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| Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | Produced Water Pits Total # _____ Oil Accumulation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Comments: _____ Skimming/Settling Pits Total # _____ Covered # _____ Uncovered # _____ Comments: _____ Special Purpose Pits Total # _____ Lined # _____ Unlined # _____ Comments: _____ |
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| Tank Battery Equipment (Rule 604) | <input type="checkbox"/> BURIED OR PARTIALLY BURIED VESSELS : #STEEL #FIBERGLASS #CONCRETE #OTHER |
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| | |
|--|--------------------------|
| Fire Walls/Berms/Dikes [Rule 604.a.(4)] | <input type="checkbox"/> |
|--|--------------------------|

| | |
|--|--------------------------|
| General Housekeeping (Rule 603.g) | <input type="checkbox"/> |
|--|--------------------------|

| | |
|--------------------------------------|--------------------------|
| Spills (Oil/Water) (Rule 906) | <input type="checkbox"/> |
|--------------------------------------|--------------------------|

| | | |
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| UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT | Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig | COMMENTS |
|--|--|-----------------|

| | | |
|--|--|--------------------------|
| Drilling Well/Workover (Rule 317) | Western Well side service rig and cementing equipment | <input type="checkbox"/> |
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|---|--|--------------------------|
| Surface Rehabilitation (Rule 1003, 1004) | Pump 50 sy shoe plug @ ± 250' thru tubing | <input type="checkbox"/> |
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|----------------------|--------------------------|
| Miscellaneous | <input type="checkbox"/> |
|----------------------|--------------------------|

| | |
|-------------------------------------|----------------|
| CORRECTIVE ACTION REQUIRED: | |
| Date Corrective Action Required By: | Date Remedied: |

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